



OFFICE OF THE HARBORMASTER

7 Bay St.
P.O. Box 660
Sag Harbor, N.Y. 11963
631-725-2368
632-725-5693 fax

APPLICATION FOR SEASON BIRTH

PROOF OF REGISTRATION AND INSURANCE IS REQUIRED

APPLICANT INFORMATION	
NAME _____	BUSINESS PHONE _____
ADDRESS _____	CELLULAR PHONE _____
CITY/STATE/ZIP _____	WINTER _____
HOME PHONE _____	STREET ADDRESS _____
	WINTER _____
	CITY/STATE/ZIP _____

VESSEL INFORMATION	
MANUFACTURER _____	TYPE <input type="checkbox"/> POWER <input type="checkbox"/> SAIL
MODEL/DESCR. _____	COLOR _____
LENGTH _____ WIDTH _____ DRAFT _____	NAME OF VESSEL _____
REGISTRATION _____	<input type="checkbox"/> MOORING <input type="checkbox"/> DINGHY <input type="checkbox"/> CABLE <input type="checkbox"/> A-DOCK <input type="checkbox"/> B-DOCK <input type="checkbox"/> BAY ST. <input type="checkbox"/> MARINE PARK

TO QUALIFY FOR RESIDENTIAL STATUS YOU MUST BE A SAG HARBOR VILLAGE TAXPAYER OR HOLD A VALID AND CURRENT ONE (1) YEAR LEASE WITHIN THE CONFINES OF THE INCORPORATED VILLAGE OF SAG HARBOR. YOU MUST SUBMIT A COPY OF YOUR VILLAGE OF SAG HARBOR REAL PROPERTY TAX RECEIPT OR A COPY OF YOUR LEASE WITH THIS APPLICATION TO BE CONSIDERED FOR THE RESIDENT RATE.

APPLICATION TYPE:

☐ **RESIDENT**

☐ **NON-RESIDENT**

☐ **COMMERCIAL**

SIGNED _____

DATE _____

DEPARTMENT USE ONLY	DATE RECEIVED	BY	RESIDENT STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	OTHER
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